

CLAIMS ONLY

SERIAL NO.

09/970087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	40					
TOTAL CLAIMS	42					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	49					
TOTAL CLAIMS	50					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/970, 087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102	/					
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113		/				
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132	/					
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166	/					
167						
168						
169						
170						
171						
172						
173		/				
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.	1					
TOTAL DEP.	46					
TOTAL CLAIMS	47					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091970,087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							2 51						
202							2 52						
203							2 53						
204							2 54						
205							2 55						
206							2 56						
207							2 57						
208							2 58						
209							2 59						
210							2 60						
211							2 61						
212							2 62						
213							2 63						
214							2 64						
215							2 65						
216							2 66						
217							2 67						
218							2 68						
219							2 69						
220							2 70						
221							2 71						
222							2 72						
223							2 73						
224							2 74						
225							2 75						
226							2 76						
227							2 77						
228							2 78						
229							2 79						
230							2 80						
231							2 81						
232							2 82						
233							2 83						
234							2 84						
235							2 85						
236							2 86						
237							2 87						
238							2 88						
239							2 89						
240							2 90						
241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						